

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90189 033 ****55.00

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01202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0821168	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DOCUMENT # L04000069481
 1. Entity Name
 1522 SOUTH N STREET, LLC



Principal Place of Business 7656 EAST 3RD STREET DOWNEY, CA 90241	Mailing Address 7656 EAST 3RD STREET DOWNEY, CA 90241
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 TOBIN & REYES, P.A.
 7251 WEST PALMETTO PARK ROAD, STE. 205
 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KATHY A TEHCE FAMILY TRUST 7656 EAST 3RD ST DOWNEY, CA 90241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOMEZ, KATHY A 7656 EAST 3RD ST DOWNEY, CA 90241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Kathy A Gomez MGRM Date: 2/9/06 (562) 927-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #